Vital Signs Town Hall Teleconference
Daily Pill Can Prevent HIV: Reaching People Who Could Benefit from PrEP
Q & A
December 1, 2015
1:00 pm CT

Dan Baden: All right, thank you very much for the excellent presentations. And for the audience, remember you can get in queue to ask a question, or to make a comment just by pressing star 1, say your name when prompted and the operator will announce when it's your turn. Please address your questions to a specific presenter or indicate that it's a question for all.

I encourage you to take advantage of this opportunity to share your own strategies, lessons learned, challenges, and success stories. You compose questions to our presenters or to others across the country. We've got quite a few states and organizations on the call so this is a forum for you all to discuss, collaborate and question different methods, practices and experiences around HIV prevention.

To get us going, Patrick thank you for talking about some of the barriers, but I'd like to open to all the presenters. Are you seeing similar patterns across the country for what is hindering more rapid uptake of PrEP?

Dawn Smith: There are two basic factors that are limiting the uptake of PrEP. First is, most of the people who would benefit from it have never heard of it, so they're not seeking it out or asking for it. And many of the providers who are providing healthcare to HIV negative people, have either not heard of PrEP, or if they've heard of it, have never administered it and feel insecure giving antiretrovirals to negative patients.

So we have big barriers in terms of increasing awareness of PrEP, increasing training for providers so that those can be linked together and people who would benefit from PrEP have access to it.

Howard Zucker: This is Howard. I would echo those points and also, you know, we also have enrolled people and many are enrolled in our Medicaid managed care plan. I think, also, some of the concerns people sometimes have is cost, but we're addressing that as well, so I think that's something which we need to look at as well.

Patrick Stonehouse: And this is Patrick just to add on to it. One of the interesting things that we've gathered from some of our interactions with our community partners, either anecdotally or through some directly observed interactions, is while there is not enough awareness or knowledge amongst really high-risk populations—and specifically I'm thinking of African American communities—there is also, even for those who are aware of PrEP as an option, there's a semblance of distrust of the medical community that is unpalatable and is based on all sorts of histories of negative interactions with the medical systems. So, while I definitely agree that we do need to raise awareness, there's also—there's more than just awareness I think that needs to be addressed.

Dan Baden: Very good, thank you. And again, press star 1 if you want to get yourselves into queue to ask a question. To keep going with other questions, other than the three audiences outlined in the report—heterosexually active adults, sexually active men, MSM, and people who inject drugs—are there other people who might benefit from PrEP?

Dawn Smith: No. Not essentially. Those are the major transmission risk groups. Now there are subsets among them. For example, there are heterosexually active women who have a positive partner and want to get pregnant. That's a separate sort of subset but they're included among the heterosexually active adults. So I think in the United States, those are the three ways in which HIV is transmitted most often and therefore those are the populations for whom PrEP is indicated.

Sometimes people will talk about the needs of transgender population, particularly transgender women. Unfortunately, we don't have a trial of PrEP that was done with enough transgender women to know how efficacious PrEP would be. And therefore we don't have a specific recommendation about PrEP use among transgender women.

However, because they are sexually active and because PrEP is proven to be protective during both vaginal and rectal sex, there are many providers, particularly those who see MSM, who are also providing PrEP to transgender persons.

Dan Baden: All right. Thank you very much. Operator do we have questions in the queue?

Coordinator: If you would like to queue up to ask a question by phone please press star 1 and record your name at this time. We do have one question coming into the queue, just one moment.

The question is from Barbara Olaniyan, your line is open.

Barbara Olaniyan: Yes. I was just wondering, any reactions from the religious community or any efforts to connect them with this particular project?

Howard Zucker: Not—this is Howard from New York—not that I'm aware of but Dan O'Connell our agency director is also on the line. So I don't know, Dan is there anything that you have experienced with that?

Dan O'Connell: We actually are working with faith communities, because just like with any of the work we do with HIV, there's stigma and discrimination and there's a really key role that faith leaders can play and we've had them as partners for a good long time and we need to bring them up to speed on PrEP as well, just like we've had to do with testing and other interventions that we have to offer.

Barbara Olaniyan: Thank you.

Coordinator: Our next question is from Mighty Fine your line is open.

Mighty Fine: Great, thank you. And I apologize if this question has been covered but I joined the call a little late. I was curious if PrEP was covered by most insurers and Medicaid.

Dawn Smith: As far as we know PrEP is covered by all state Medicaid plans and we have not documented yet a commercial insurer, who, as policy, declines to pay for PrEP. That said, there are many people who are not eligible for insurance, particularly in states that didn't expand Medicaid for whom PrEP might be indicated. And for those people, there are a variety of assistance plans available, some of which cover the drug so the drug company for example, if you have low income and either no insurance or your insurance refuses to cover PrEP, will provide the drug for free.

But then there are other plans, like the New York plan and some others, that have assistance programs to help cover the medical care costs and the laboratory cost. So, in one program in Washington State where they looked at it, less than one percent of patients had any out of pocket costs. The public private insurance, the Gilead assistance plan, and the state assistance plan covered the cost of PrEP for almost everyone.

Mighty Fine: Okay great. Thank you.

Dan Baden: And again press star 1 if you want to get into queue to ask a question. I've got a question here for Dr. Zucker. Have you done any analysis to determine whether PrEP users eventually contract HIV?

Howard Zucker: That I will turn that over to Dan. I know that we've looked at this but do we have any most recent data on this?

Frank Laufer: Hi this is Frank Laufer. Yes we do plan to do that, but due to the complexities, limitations, and timing of Medicaid data, the specifics of running such an analysis is still being worked out. We need to figure out something that we're constantly doing. How to identify people who are treated for HIV from claims data, which brings its own complexities to the surface. And we'll be looking at how people who are on PrEP eventually whether they do contract HIV or not.

Dan O'Connell: And this is Dan O'Connell, we had a pilot program, and I know San Francisco had the same experience, where in real world working with people who are on PrEP, we

did not have anyone contract HIV while they were actually taking the medication. I think that's always the caveat that people actually have to be taking the medication to get the benefit.

Dan Baden: Very good. One other question and we've got time for one or two more. Are you worried that increasing PrEP uptake would lead to a decrease in condom use?

Howard Zucker: As I understand, we have not seen that to be the case at all. Am I correct on with that Dan? We once had that conversation.

Dan O'Connell: Right, I think that the studies that backed up PrEP showed that there wasn't risk compensation in that way. I think our experience has largely been that many people who are considering PrEP, or who would be appropriate for PrEP are the ones who aren't using condoms to start with. And so, this is an opportunity for them to have an intervention where previously since they weren't using condoms they had nothing at all and so they may be contracting STDs, but under the PrEP guidelines, they would assessed or screened for PrEPs on a quarterly basis—or STDs on a quarterly basis, which means that if they do contract an STD, even if they were asymptomatic, it would be identified and treated and it would be less likely that they would suffer bad consequences of having an STD or transmitting it to other people.

Howard Zucker: The other point worth mentioning, which was brought up earlier, was about education. And I think when you bring more people into the system, here's another opportunity for education about a healthy lifestyle and I think this is an opportunity to provide teaching moments for all those who—or educational moments for all those who are potentially at risk.

Dan Baden: All right. Thank you very much. So at this point, we should wrap up the call but before we do, please take a moment and look at the next to last slide, slide number 43. The prevention status reports, or PSRs, they highlight for all 50 states and the District of Columbia, the status of certain policies and practices, designed to address ten public health problems, including HIV. The PSRs pulled together information about

state policies and practices in a simple easy to use format that decisions makers can use to examine their state's status and identify areas for improvement.

This is the link at the bottom of this slide, to see all PSRs by state or topic. Or you can look for the link in the December vital signs town hall teleconference web page to go directly to the 2013 HIV PSR.

Finally, please let us know how we can improve these teleconferences. Email your suggestions to ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback, all one word at cdc.gov. We hope you'll be able to join us for next month's town hall on Tuesday, January 12th, when we'll focus on tobacco. I want to thank all our presenters and everyone who attended the call. Have a great day and that ends our call for today. Goodbye. Thank you.

Coordinator: This concludes today's conference. Thank you for your attendance. You may disconnect at this time.

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